



APPLICATION FOR EMPLOYMENT

AN EQUAL OPPORTUNITY EMPLOYER

This application is valid for a 90-day period. Applicants wanting further consideration must reapply.

Name _____

Address _____

Telephone (Cell) _____ Telephone (Home) _____

Email _____ Social Security Number _____

Type of Employment Desired _____

Emergency Contact

Name _____ Relationship _____ Telephone _____

Employment History (List your most recent employment. Explain any gaps in employment.)

1. Employer _____ Telephone _____
 Address _____ Dates Employed _____
 Supervisor and Title _____
 Job Title _____ Reason for Leaving _____
 Job Duties _____

2. Employer _____ Telephone _____
 Address _____ Dates Employed _____
 Supervisor and Title _____
 Job Title _____ Reason for Leaving _____
 Job Duties _____

3. Employer _____ Telephone _____
 Address _____ Dates Employed _____
 Supervisor and Title _____
 Job Title _____ Reason for Leaving _____
 Job Duties _____

Employment History (continued)

4. Employer _____ Telephone _____
Address _____ Dates Employed _____
Supervisor and Title _____
Job Title _____ Reason for Leaving _____
Job Duties _____

5. Employer _____ Telephone _____
Address _____ Dates Employed _____
Supervisor and Title _____
Job Title _____ Reason for Leaving _____
Job Duties _____

Have you ever been employed by Rob-See-Co before? ____ Yes ____ No

Do you have any relatives working for Rob-See-Co? ____ Yes ____ No

If yes, please list the name _____

Are you able to perform all the functions of the job for which you are applying with or without reasonable accommodations? ____ Yes (____ Without ____ With Accommodations) ____ No

Are you able to meet the attendance requirements of the position? ____ Yes ____ No

Will you work overtime if required? ____ Yes ____ No

Have you been convicted of a felony in the past 10 years? ____ Yes ____ No

Do you have a valid driver's license? ____ Yes ____ No DL# _____ State _____

Are you a citizen of, or specifically authorized to be employed in the United States? ____ Yes ____ No
(Any offer of employment is contingent upon documentation of your right to work in the U.S.)

Authorization

I certify that the information contained in this application is true and complete and I understand that, if employed, false statements on this application shall be grounds for dismissal. I voluntarily give Rob-See-Co the right to investigate my employment and personal history and agree to cooperate in such investigation and release all parties from all liability for any damage that may result from furnishing such information.

I authorize Rob-See-Co to submit an application for a background check during the hiring process.

Rob-See-Co is an Equal Opportunity Employer. Rob-See-Co does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any Applicant’s consideration for employment on a basis prohibited by Local, State, or Federal Law.

This application is current for 90 days only. At the conclusion of this time, if you have not heard from Rob-See-Co and still wish to be considered for employment, it will be necessary to complete a new application.

I understand that just as I am free to resign at any time, Rob-See-Co reserves the right to terminate my employment at any time with or without cause and without prior notice. I understand that no representative of Rob-See-Co has the authority to make assurances to the contrary.

I have read, understand, and agree to the above statements.

Signature of Applicant _____ Date _____

APPLICANT DO NOT WRITE BELOW THIS LINE

To be completed by the Supervisor (Please complete each line and sign)

Start Date: _____ Rate of Pay _____ Job Title _____

Approved by _____ Date _____